

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214505625					
1.) CORPORATION NAME: <b>KETTERING UNIVERSITY</b> <div style="float: right; text-align: right;">DUE DATE: <b>2/28/2014</b></div>							
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b> <div style="float: right; text-align: right;">SCC ID NO: <b>F0425563</b></div>							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> <div style="float: right; text-align: right;">5.) STOCK INFORMATION</div>							
4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b> <div style="float: right; text-align: right;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> </table> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">ADDRESS: 1700 UNIVERSITY AVE</div> <div style="text-align: center;">CITY/ST/ZIP: FLINT, MI 48504-6214</div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: ROBERT K MCMAHAN            TITLE: PRESIDENT            ADDRESS: 1700 UNIVERSITY AVE            CITY/ST/ZIP/CO: FLINT, MI 48504-6214         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT K MCMAHAN TITLE: PRESIDENT ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT K MCMAHAN TITLE: PRESIDENT ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JACQUELINE A DEDO            TITLE: SECRETARY            ADDRESS: 1700 UNIVERSITY AVE            CITY/ST/ZIP/CO: FLINT, MI 48504-6214         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JACQUELINE A DEDO TITLE: SECRETARY ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JACQUELINE A DEDO TITLE: SECRETARY ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: HENIO ARCANGELI            TITLE: DIRECTOR            ADDRESS: 1700 UNIVERSITY AVE            CITY/ST/ZIP/CO: FLINT, MI 48504-6214         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HENIO ARCANGELI TITLE: DIRECTOR ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LIZABETH A ARDISANA TITLE: DIRECTOR ADDRESS: 1700 UNIVERSITY AVE CITY/ST/ZIP/CO: FLINT, MI 48504-6214	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	MARY BARRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	WALTER G BORST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	BRUCE D COVENTRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	GARY L COWGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CORNELIUS DE KOKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	GREG DEVESON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	VINCENT DOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	PHILLIP C DUTCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	DAVID S HOYTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	JESSE LOPEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	DANE A MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		

NAME:	JOHN MOYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CINDY NIEKAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CHRIS NIELSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	JEFFREY OWENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	PAUL S PEABODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	FRANK J PERNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	J DONALD RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	STEVE SANGHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	HEINZ SCHULTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	RAYMOND SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	MARJORIE SORGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		

NAME:	LYN ST JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	RANDY STASHICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	DIANA TREMBLAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	THOMAS W AYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504		
NAME:	CARLA J BAILO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	983 NISSAN DR		
CITY/ST/ZIP/CO:	SMRYNA, TN 37167		
NAME:	JANE E BOON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	305 W BROADWAY #172		
CITY/ST/ZIP/CO:	NEW YORK, NY 10013		
NAME:	DONALD B CHAFFIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1205 BEAL RM 1656 IOE BLDG		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48109		
NAME:	MICHAEL MANSUETTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	38000 HILLS TECH DR		
CITY/ST/ZIP/CO:	FARMINGTON HILLS, MI 48331		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS W AYERS	THOMAS W AYERS, TREASURER	1/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			